

Amendments to the Claims

This listing of claims will replace all prior versions and listings of claims in the application:

Listing of Claims:

Claims 1-21 (Canceled).

22. (Currently Amended) In a medical insurance payment system having a plurality of medical providers and a plurality of insurance payers wherein medical reimbursement claims are submitted electronically from a practice management computer system of a respective provider to a claims processing computer system of a respective payer for payment determination, wherein an intermediary claim management system is in electronic communication between the practice management computer system of the respective provider and the claims processing computer system of the respective payer, wherein the intermediary claim management system includes a ~~particular computer apparatus having software installed thereon, and wherein the software includes computer-executable instructions executable by the particular computer apparatus, processor for performing~~ a computer-implementable method for improving medical reimbursement claim processing between medical providers and insurance providers, comprising the steps of:

receiving a medical reimbursement claim at the intermediary claim management system electronically from the practice management computer system of the respective provider, the claim including data about a patient of the respective provider, a service provided to the patient by the respective provider, and the respective payer to whom the claim must be submitted for payment;

determining via the intermediary claim management system processor if the claim received from the practice management computer system of the respective provider has any one of a plurality of identifiable errors;

if the claim does not have any identifiable errors, formatting the claim via the intermediary claim management system processor into a format required by the claims processing computer system of the respective payer;

submitting the claim electronically from the intermediary claim management system to the claims processing computer system of the respective payer for payment determination in the format required by the claims processing computer system of the respective payer;

receiving a substantive response at the intermediary claim management system from the claims processing computer system of the respective payer regarding the claim;

formatting the substantive response received from the claims processing computer system of the respective payer into a standardized format via the intermediary claim management system processor, wherein the standardized format is agnostic of the respective provider; and

presenting the formatted, substantive response from the claims processing computer system of the respective payer to the respective provider to enable the respective provider to determine if further action on the claim is necessary.

23. (Previously Presented) The method of claim 22, wherein the intermediary claim management system maintains a list of identifiable errors in a database accessible by the intermediary claim management system.

24. (Previously Presented) The method of claim 23, wherein the list of identifiable errors is derived from one or more of (i) rules provided directly by the respective payer, (ii) rules provided by one of the plurality of insurance payers, and (iii) rules based upon prior rejections of claims previously received by the intermediary claim management system from the claims processing computer system of the respective payer.

25. (Currently Amended) The method of claim 22, wherein the step of determining via the intermediary claim management system processor if the claim has any one of the plurality of identifiable errors comprises identifying if required information is missing from the claim.

26. (Previously Presented) The method of claim 25, wherein the required information is mandated by the claims processing computer system of the respective payer.

27. (Previously Presented) The method of claim 25, wherein the required information is mandated by rules of one or more of the plurality of insurance payers.

28. (Currently Amended) The method of claim 22, wherein the step of determining via the intermediary claim management system processor if the claim has any one of the plurality of identifiable errors comprises identifying if information within the claim is internally discrepant.

29. (Previously Presented) The method of claim 28, wherein information within the claim is internally discrepant if at least two pieces of information are not permitted to coexist within the claim based on a rule of the respective payer.

30. (Previously Presented) The method of claim 28, wherein information within the claim is internally discrepant if at least two pieces of information are not permitted to coexist within the claim based on a rule of the plurality of insurance payers and not based on a rule specific only to the respective payer.

31. (Currently Amended) The method of claim 22, further comprising the step of, if the claim has any one of the plurality of identifiable errors and before submitting the claim electronically from the intermediary claim management system to the claims processing computer system of the respective payer for payment determination, presenting the claim back to the respective provider for correction.

32. (Previously Presented) The method of claim 31, wherein the step of presenting the claim back to the respective provider comprises flagging the one or more identifiable errors in the claim that need to be corrected.

33. (Previously Presented) The method of claim 31, wherein the step of presenting the claim back to the respective provider comprises sending an email notification to the respective provider.

34. (Previously Presented) The method of claim 31, wherein the step of presenting the claim back to the respective provider comprises displaying the claim with the one or more identifiable errors to the respective provider on an interactive, web-accessible site generated and provided by the intermediary claim management system.

35. (Previously Presented) The method of claim 34, further comprising the step of receiving edits to the claim from the respective provider directly within the interactive, web-accessible site.

36. (Currently Amended) The method of claim 31, further comprising the step of receiving the claim electronically at the intermediary claim management system back from the practice management computer system of the respective provider after the respective provider has corrected the claim internally within the practice management computer system.

37. (Previously Presented) The method of claim 22, wherein the substantive response received from the claims processing computer system of the respective payer includes one of a rejection of the claim, a current status of the claim, a request for additional information associated with the claim, or an approval of the claim for payment.

38. (Previously Presented) The method of claim 37, wherein the rejection of the claim includes a rejection code of the respective payer.

39. (Currently Amended) The method of claim 38, wherein the step of formatting the substantive response received from the claims processing computer system of the respective payer into the standardized format via the intermediary claim management system processor includes describing the rejection code in a human-understandable text format.

40. (Currently Amended) The method of claim 22, further comprising the step of presenting a status of the submitted claim to the respective provider prior to receiving the substantive response from the claims processing computer system of the respective payer.

41. (Previously Presented) The method of claim 22, wherein the step of presenting the formatted response from the claims processing computer system of the respective payer to the respective provider comprises displaying the formatted response to the respective provider on an interactive, web-accessible site generated by the intermediary claim management system.

42. (Previously Presented) The method of claim 22, wherein the step of presenting the formatted response from the claims processing computer system of the respective payer to the respective provider comprises sending an email notification to the respective provider.

43. (Currently Amended) The method of claim 22, further comprising the step of storing the claim in a database of the intermediary claim management system.

44. (Currently Amended) The method of claim 22, further comprising the step of displaying a report about the claim to the respective provider on an interactive, web-accessible site generated and provided by the intermediary claim management system.